



DEPARTMENT OF THE TREASURY
DIVISION OF PROPERTY MANAGEMENT AND CONSTRUCTION

Overnight mail:
33 West State St, 9th Floor
Trenton, NJ 08608

U.S. Postal Service:
PO Box 034
Trenton, NJ 08625-0034

Please note: U.S. Postal service overnight mail is delivered to the Capitol Post office. It does NOT arrive in our office the next day, but several days later.

**MATERIAL TESTING LABORATORY
PREQUALIFICATION APPLICATION
FORM 48T**

If you have any questions about the process, contact the Consultant Prequalification Unit at 609-633-3767.

Revisions to sections 17, 23 & 24 - 10/4/2013

State of New Jersey Department of the Treasury Division of Property Management and Construction	MATERIAL TESTING LABORATORY PRE-QUALIFICATION APPLICATION		FORM 48T 2/04
1. FIRM NAME/BUSINESS ADDRESS: County: Principal Contact: Phone: () Year Firm Established: Staff Size: Fax: () E-Mail Address:	2. FEDERAL TAX ID NUMBER:	3. DATE PREPARED:	
	4. TYPE OF OWNERSHIP: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Corporation (list State) <input type="checkbox"/> Professional Association <input type="checkbox"/> L.L. Corporation <input type="checkbox"/> L.L. Company <input type="checkbox"/> Other (Specify) Out of state laboratories must provide a copy of Certificate of Authority. Application available at http://www.nj.gov/treasury/revenue/pdforms/pubrec.pdf	5a. FILING STATUS: <input type="checkbox"/> MBE CERTIFIED (Attach Copy) <input type="checkbox"/> WBE CERTIFIED (Attach Copy) <input type="checkbox"/> SBE CERTIFIED (Attach Copy) 5b. DIV. OF REVENUE FILING (Mandatory) <input type="checkbox"/> BUSINESS REGISTRATION CERTIFICATE (Attach Copy) 5c. FEE - \$100.00 (Mandatory) <input type="checkbox"/> Check enclosed payable to "Treasurer-State of New Jersey" 6. LABORATORY ACCREDITATION (Attach Proof) <input type="checkbox"/> AASHTO <input type="checkbox"/> <input type="checkbox"/> CCRL <input type="checkbox"/>	
7. NAME/ADDRESS OF PARENT FIRM (if any): IF NONE, CHECK HERE ⇒ <input type="checkbox"/> Principal Contact: Phone: () E-Mail Address:	8. FORMER FIRM NAME(S) AND YEAR(S) ESTABLISHED: (attach additional sheets as needed) IF NONE, CHECK HERE ⇒ <input type="checkbox"/>		
9. LIST <u>SINGLE</u> SATELLITE OFFICE TO BE CONSIDERED IN PRE-QUALIFICATION RATING: List other satellite offices, located within 100 miles of the office listed in #1 above on additional sheet. IF NONE, CHECK HERE ⇒ <input type="checkbox"/> Address: Principal Contact: Phone: () Year Satellite Office Established: Staff Size: E-Mail Address:	10. ADDITIONAL PRE-QUALIFICATION: List any other public agencies, department, authorities, etc. by which the firm listed in Box 1 is presently pre-qualified.		

11. FIRM/PRINCIPAL MEMBERSHIPS (Attach Proof)	<u>AGENCY</u>	<u>CONTACT PERSON</u>	<u>PHONE NUMBER</u>
<input type="checkbox"/> A.S.T.M <input type="checkbox"/> A.G.C. <input type="checkbox"/> A.G.C.N.J. <input type="checkbox"/> U.T.C.A <input type="checkbox"/> N.J.A.P.A. <input type="checkbox"/> N.I.C.E.T. <input type="checkbox"/> N.T.S.T. <input type="checkbox"/> S.A.T. <input type="checkbox"/> _____ <input type="checkbox"/> A.C.I. <input type="checkbox"/> A.W.S. <input type="checkbox"/> _____			

12. ORGANIZATION CHART (Include parent firm and satellite offices if applicable)

14. BRIEF RESUME OF ALL PRINCIPALS AND KEY PERSONNEL													
A. NAME AND TITLE	A. NAME AND TITLE												
B. YEARS EXPERIENCE: THIS FIRM: OTHER FIRMS:	B. YEARS EXPERIENCE: THIS FIRM: OTHER FIRMS:												
C. ACTIVE REGISTRATION: (Attach copies if other than RA, LS,PE,PP or LA) <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">DISCIPLINE</td> <td style="width: 50%;">N.J. LICENSE NO.</td> </tr> <tr> <td>DISCIPLINE</td> <td>N.J. LICENSE NO.</td> </tr> <tr> <td>DISCIPLINE</td> <td>N.J. LICENSE NO.</td> </tr> </table>	DISCIPLINE	N.J. LICENSE NO.	DISCIPLINE	N.J. LICENSE NO.	DISCIPLINE	N.J. LICENSE NO.	C. ACTIVE REGISTRATION: (Attach copies if other than RA, LS,PE,PP or LA) <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">DISCIPLINE</td> <td style="width: 50%;">N.J. LICENSE NO.</td> </tr> <tr> <td>DISCIPLINE</td> <td>N.J. LICENSE NO.</td> </tr> <tr> <td>DISCIPLINE</td> <td>N.J. LICENSE NO.</td> </tr> </table>	DISCIPLINE	N.J. LICENSE NO.	DISCIPLINE	N.J. LICENSE NO.	DISCIPLINE	N.J. LICENSE NO.
DISCIPLINE	N.J. LICENSE NO.												
DISCIPLINE	N.J. LICENSE NO.												
DISCIPLINE	N.J. LICENSE NO.												
DISCIPLINE	N.J. LICENSE NO.												
DISCIPLINE	N.J. LICENSE NO.												
DISCIPLINE	N.J. LICENSE NO.												
D. BRIEF RESUME:	D. BRIEF RESUME:												

15. BRIEF RESUME OF CERTIFIED TECHNICAL STAFF					
A. NAME AND TITLE			A. NAME AND TITLE		
B. YEARS EXPERIENCE: THIS FIRM: OTHER FIRMS:			B. YEARS EXPERIENCE: THIS FIRM: OTHER FIRMS		
C. ACTIVE REGISTRATION: (Attach copies)			C. ACTIVE REGISTRATION: (Attach copies)		
DISCIPLINE	CERTIFYING AGENCY	EXPIRATION DATE	DISCIPLINE	CERTIFYING AGENCY	EXPIRATION DATE
DISCIPLINE	CERTIFYING AGENCY	EXPIRATION DATE	DISCIPLINE	CERTIFYING AGENCY	EXPIRATION DATE
DISCIPLINE	CERTIFYING AGENCY	EXPIRATION DATE	DISCIPLINE	CERTIFYING AGENCY	EXPIRATION DATE
D. BRIEF RESUME:			D. BRIEF RESUME:		

16. STOCKHOLDER/COMMON DISCLOSURE

List below the names, home addresses, dates of birth, social security numbers, offices held and ownership interest of all **individuals, partnerships, corporations or any other owner** with 5% or more interest in the firm named in Box 1 of this Form 48T. If additional space is necessary, list on an attached sheet.

[illegible]

GROSS FEES FROM CONTRACTS ENTERED INTO IN THE PAST 5 YEARS:

From All Entities

From State Govt.

From Local Govt.

From Federal

Comments

	Public Sector	Private Sector	Non-Profit	Government	Comments
Year Most recent yr.	\$	\$	\$	\$	
Year					
Year					
Year					
Year					

16. STOCKHOLDER/Common Disclosure continued...

- | | |
|--|--|
| a) Is the applicant firm identified in Box 1 of this application owned by any other company and/or corporation?
(If yes, please complete a separate disclosure form for the parent company.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Within the past 5 years, has the applicant firm been owned by another company or firm?
(If yes, please complete a separate disclosure form for the parent company.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Have any principals or entity listed in this application ever been arrested, charged, indicted or convicted of a crime?
(If yes, attach an explanation for each instance.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) Has any person or entity listed in this application ever been suspended, debarred or otherwise declared ineligible, by any agency of government, from contracting to provide services, labor, material or supplies?
(If yes, attach an explanation for each instance.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e) Has any federal, state or local government license, permit or other similar authorization necessary to perform the work applied for herein, and held or applied for by any person or entity listed in this form been suspended or revoked, or is the subject of any pending proceedings pecifically seeking or litigating the issue of suspension or revocation?
(If yes, attach an explanation for each instance.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f) Are there currently any administrative, civil or criminal matters pending in any federal, state or local government jurisdiction in which the firm or its principals or key personnel are involved?
(If yes, attach an explanation for each instance.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g) Has the applicant firm ever been denied pre-qualification in the past under this name or another?
(If yes, attach an explanation for each instance.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h) At present or during the past 5 years, have any of the principals or key personnel of the applicant firm served as a principal or key personnel or owned 5% or more of any other firm (including firms that are inactive or have been dissolved)?
(If yes, give name, name of firm, position held, % owned, remainder owned by, and dates owned.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i) Has the applicant firm, its affiliate or any of its principals or key personnel been a party to a bankruptcy or re-organization proceeding?
(If yes, provide caption, date, docket number, court and county.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| j) In the past 5 years has the applicant firm or any of its affiliate firms: | |
| a. had a contract terminated? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. been given a final unsatisfactory performance rating on a specific project? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. had liquidated damages assessed against it in connection with a contract? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. engaged in any litigation with regard to any contract?
(If yes to any of the above, explain.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| k) Do any of the principals of the applicant firm have an ownership interest in any other entity which is in the same line or business for which the firm is now seeking pre-qualification?
(If yes, identify the name, address and federal tax ID number for such entity and the nature of the ownership interest.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

16. Financial Statement Information – the applicant firm must submit one of the following:

REQUIRED INFORMATION

(See “Instructions for Form 48A” Page 5, Box – 16)

FINANCIAL STATEMENTS FOR THE MOST RECENT TWO YEARS. MAY BE PRESENTED IN TWO STATEMENTS OR AS SINGLE STATEMENT COVERING THE MOST CURRENT TWO YEARS. STATEMENT(S) MUST BE COMPLETED BY AN ACCOUNTANT OR CERTIFIED PUBLIC ACCOUNTANT AND MUST BE ACCOMPANIED BY A COPY OF THE ACCOUNTANT’S SIGNED COVER LETTER/REPORT. **NOTE – STATEMENTS ARE SUBJECT TO VERIFICATION. FALSE INFORMATION MAY RESULT IN CIVIL/CRIMINAL PENALTIES AND/OR DEBARMENT.**

Preferred

- Audited Financial Statements for last two years including:
 - Auditor’s reports
 - Balance Sheets
 - Statements of Income & Retained Earnings
 - All footnotes to these statements
- Corporate Annual Report (if applicable)

If not available, then

- Reviewed Financial Statements for last two years including:
 - Balance Sheets
 - Statements of Income and retained earnings
 - All footnotes to these statements

If not available, then

- Compilations for last two years including:
 - Balance Sheets
 - Statements of income and retained earnings
 - All footnotes to these compilations

--

17. Financial Statement Information – the applicant firm must submit one of the following:

REQUIRED INFORMATION

(See “Instructions for Form 48T” Page 5, Box – 17)

FINANCIAL STATEMENTS FOR THE MOST RECENT TWO YEARS. MAY BE PRESENTED IN TWO STATEMENTS OR AS SINGLE STATEMENT COVERING THE MOST CURRENT TWO YEARS. STATEMENT(S) MUST BE COMPLETED BY AN ACCOUNTANT OR CERTIFIED PUBLIC ACCOUNTANT AND MUST BE ACCOMPANIED BY A COPY OF THE ACCOUNTANT’S SIGNED COVER LETTER/REPORT. **NOTE – STATEMENTS ARE SUBJECT TO VERIFICATION. FALSE INFORMATION MAY RESULT IN CIVIL/CRIMINAL PENALTIES AND/OR DEBARMENT.**

Preferred

- Audited Financial Statements for last two years including:
 - Auditor’s reports
 - Balance Sheets
 - Statements of Income & Retained Earnings
 - All footnotes to these statements
- Corporate Annual Report (if applicable)

If not available, then

- Reviewed Financial Statements for last two years including:
 - Balance Sheets
 - Statements of Income and retained earnings
 - All footnotes to these statements

If not available, then

- Compilations for last two years including:
 - Balance Sheets
 - Statements of income and retained earnings
 - All footnotes to these compilations

18. TESTING EQUIPMENT (IN-HOUSE AND FIELD)				
NAME, MANUFACTURER MODEL AND SERIAL NO. OF EQUIPMENT	TEST FUNCTION	NAME, ADDRESS, PHONE NO. AND CONTACT PERSON OF SERVICE CONTRACTOR (IF NONE INSERT "NONE")	REQUESTED/ RECOMMENDED CALIBRATION INTERVAL (IF NONE INSERT "NONE")	DATE OF LAST CALIBRATION INSERT "N/A" IF NOT APPLICABLE

19. TESTING SERVICES OFFERED							
CHECK TYPE OF SERVICE YOUR FIRM OFFERS <input checked="" type="checkbox"/>	CODE	TESTING SPECIALTY	NAME OF RESPONSIBLE PRINCIPAL, KEY PERSON OR CERTIFIED PERSON (FULL TIME)	SIGNATURE OF RESPONSIBLE PERSON (SEE INSTRUCTIONS)	NUMBER OF TECHNICAL STAFF LOCATED AT FIRM (BOX 1)	NUMBER OF TECHNICAL STAFF IN OTHER OFFICES (BOX 9)	TOTAL TECHNICAL STAFF (ADD ACROSS)
<input type="checkbox"/>	A.	CONSTRUCTION MATERIALS TESTING					
<input type="checkbox"/>	A.1	SOILS					
<input type="checkbox"/>	A.2	WOOD					
<input type="checkbox"/>	A.3	CONCRETE					
<input type="checkbox"/>	A.4	MASONRY					
<input type="checkbox"/>	A.5	ROOFING					
<input type="checkbox"/>	A.6	FIREPROOFING					
<input type="checkbox"/>	A.7	STRUCTURAL STEEL					
<input type="checkbox"/>	A.8	ASPHALT					
<input type="checkbox"/>	A.9	AGGREGATES					
<input type="checkbox"/>	A.10	PAINT/FINISHES					
<input type="checkbox"/>	A.11	PILES					
<input type="checkbox"/>	A.12	NUCLEAR DENSITY					
<input type="checkbox"/>	A.13						
<input type="checkbox"/>	A.14						
<input type="checkbox"/>	A.15						

19. TESTING SERVICES OFFERED (continued)

CHECK TYPE OF SERVICE YOUR FIRM OFFERS <input checked="" type="checkbox"/>	CODE	TESTING SPECIALTY	NAME OF RESPONSIBLE PRINCIPAL, KEY PERSON OR CERTIFIED PERSON (FULL TIME)	SIGNATURE OF RESPONSIBLE PERSON (SEE INSTRUCTIONS)	NUMBER OF TECHNICAL STAFF LOCATED AT FIRM (BOX 1)	NUMBER OF TECHNICAL STAFF IN OTHER OFFICES (BOX 9)	TOTAL NUMBER OF TECHNICAL STAFF (ADD ACROSS)
<input type="checkbox"/>	B.	GEO-TECHNICAL					
<input type="checkbox"/>	B.1	BORINGS					
<input type="checkbox"/>	B.2	PERCULATION/EXFILTRATION					
<input type="checkbox"/>	B.3	CONTROLLED FILL					
<input type="checkbox"/>	B.4	GROUNDWATER MONITORING WELLS					
<input type="checkbox"/>	B.5	OBSERVATION WELLS					
<input type="checkbox"/>	B.6						
<input type="checkbox"/>	B.7						
<input type="checkbox"/>	C	NON-DESTRUCTIVE					
<input type="checkbox"/>	C.1	RADIOGRAPHY					
<input type="checkbox"/>	C.2	ULTRASONIC					
<input type="checkbox"/>	C.3	MAGNETIC PARTICLE					
<input type="checkbox"/>	C.4	LIQUID PENETRANT					
<input type="checkbox"/>	C.5	RADIOISOTOPE MOISTURE SURVEY					
<input type="checkbox"/>	C.6	THERMOGRAPHIC SURVEY					
<input type="checkbox"/>	C.7	VIDEO SURVEY (SEWER/DRAIN)					
<input type="checkbox"/>	C.8	ELECTRICAL SYSTEMS					
<input type="checkbox"/>	C.9	AIR BALANCING					
<input type="checkbox"/>	C.10						
<input type="checkbox"/>	C.11						

19. TESTING SERVICES OFFERED (continued)							
CHECK TYPE OF SERVICE YOUR FIRM OFFERS <input checked="" type="checkbox"/>	CODE	TESTING SPECIALTY	NAME OF RESPONSIBLE PRINCIPAL, KEY PERSON OR CERTIFIED PERSON (FULL TIME)	SIGNATURE OF RESPONSIBLE PERSON (SEE INSTRUCTIONS)	NUMBER OF TECHNICAL STAFF LOCATED AT FIRM (BOX 1)	NUMBER OF TECHNICAL STAFF IN OTHER OFFICES (BOX 9)	TOTAL TECHNICAL STAFF (ADD ACROSS)
<input type="checkbox"/>	D.	ENIRONMENTAL TESTING & ANALYSIS (Attach DEP Lab Certifications)					
<input type="checkbox"/>	D.1	HAZARDOUS GASES/LIQUIDS					
<input type="checkbox"/>	D.2	ASBESTOS					
<input type="checkbox"/>	D.3	LEAD					
<input type="checkbox"/>	D.4	PCB					
<input type="checkbox"/>	D.5	BIOLOGICAL					
<input type="checkbox"/>	D.6	INDOOR AIR QUALITY					
<input type="checkbox"/>	D.7	WATER & WASTEWATER BACTERIOLOGICAL					
<input type="checkbox"/>	D.8	GROUNDWATER					
<input type="checkbox"/>	D.9	SOIL					
<input type="checkbox"/>	D.10	AIR POLLUTANTS					
<input type="checkbox"/>	D.11						
<input type="checkbox"/>	D.12						
<input type="checkbox"/>	D.13						
<input type="checkbox"/>	D.14						

20. IN ORDER TO ACHIEVE PRE-QUALIFICATION IN A SPECIFIC SPECIALTY, A MINIMUM OF THREE (3) PROJECTS MUST BE LISTED, TWO (2) OF WHICH HAVE BEEN COMPLETED. ALL PROJECTS MUST HAVE BEEN COMPLETED WITHIN THE PAST TEN (10) YEARS.

CODE NUMBER OF TESTING SERVICES PROVIDED	PROJECT NAME, LOCATION, AND BRIEF DESCRIPTION	A/E OR RECORD CONTACT PERSON AND PHONE NO.	DATE SERVICES PROVIDED

21. IDENTIFY INSURANCES CURRENTLY HELD BY YOUR FIRM:		
TYPE	CARRIER, AGENT ADDRESS, NAME AND PHONE NUMBER	POLICY LIMITS
Workers Compensation		
Multiple Peril		
Vehicle		
General Liability		
Medical		
Professional Liability		
Other:		
22. INCLUDE INFORMATION OR DESCRIPTIONS OF ACHIEVEMENTS AND AWARDS RECEIVED		
(Attach a separate sheet if necessary)		

23.CERTIFICATION OF PRINCIPALS:

CERTIFICATION

Each **Principal** identified in Box 14 must complete this certification. **Certifications must be notarized when signed.**

A MATERIAL FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION WILL SUBJECT THE APPLICANT FIRM TO CIVIL AND CRIMINAL PENALTIES AVAILABLE AT LAW.

I _____, being duly sworn, state that I am _____ of _____, and that I
(full name) (title) (firm name)
have read and understood the questions contained in the attached application and its appendices.

I certify that to the best of my knowledge the information given in response to each question and the appendices is full, complete and truthful.

I acknowledge that the New Jersey Department of the Treasury may, by means it deems appropriate, determine the accuracy and truth of the statements made in the application.

I recognize that all the information submitted is for the express purpose of inducing the Department of the Treasury to pre-qualify the applicant, award a contract and/or allow the applicant to participate in professional consultant services contracts.

I agree and warrant that truthfully answering the questions on this application is an event entirely within my control. I realize that false information may result in civil/criminal penalties and/or debarment.

I understand and agree that the application and all supporting documentation filed with the Department of the Treasury shall become the property of the Department of the Treasury.

I authorize the Department of the Treasury to contact any entity or person named in the application for purposes of verifying the information supplied by the applicant.

Sworn to before

This _____ day of _____

_____/_____
Name (print) Date

_____/_____
Original Signature Title

Original Signature _____
NOTARY PUBLIC

24. CERTIFICATION BY PREPARER

I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I acknowledge that the New Jersey Department of the Treasury is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the Department of the Treasury to notify the Department of the Treasury in writing of any changes to the answers or information contained herein. A material false statement or omission made in connection with this application will subject the applicant firm and me to civil and criminal penalties available in law, as well as possible debarment. I authorize the Department of the Treasury to verify any answer(s) contained herein, to investigate my background and credit worthiness and of the firm stated herein and to enlist the aid of third parties in its investigative process.

I, being duly authorized, certify that the information supplied above, including all attached pages, is complete and correct to the best of my knowledge.

ATTESTED: Sworn and subscribed to before me

on the _____ day of _____

Original Signature: _____ Date: _____

PRINT OR TYPE Name: _____

Original Signature: _____

Title: _____

NOTARY PUBLIC

Send completed 48A to:

DEPARTMENT OF THE TREASURY
Division of Property Management & Construction
Consultant Prequalification

Overnight mail:

33 West State St, 9th Floor
Trenton, NJ 08608

U.S. Postal Service:

PO Box 034
Trenton, NJ 08625-0034

Please note: U.S. Postal service overnight mail is delivered to the Capitol Post office. It does not arrive in our office the next day, but several days later.

Affix
Corporate Seal
If applicable